Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5/09/2014   **Street:** 3328 E. Center St.

Incident #: 14ISPC003876   **Apt, Lot, Room #:** 120

County: Kosciusko   **City:** Warsaw IN 46580

Type of Laboratory Seizure (check one)   ## Seizure Location (check all that apply)

☒ Lab Seizure   ☐ Residence   ☒ Hotel/Motel
☐ Chemical Seizure   ☐ Outbuilding   ☐ Open – No Structure
☐ Equipment Seizure   ☐ Vehicle   ☐ Business
☐ Dumpsite Seizure   ☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☒ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

☒ One Pot or Birch Reaction(s): <u>Closet</u>   ☐ Anhydrous Ammonia: _____
☐ Red Phosphorous/Iodine Reaction(s): _____   ☒ Corrosive Acid: <u>closet</u>
☐ Hydrochloric Acid Gas Generator(s): _____   ☒ Corrosive Base: <u>closet</u>
☒ Flammable Solvents: <u>bedroom</u>   ☒ Ammonium Nitrate/Sulfate: <u>closet</u>
☐ Water Reactive Metal (Lithium): _____   ☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

☐ Yes _____ (number present)   Living conditions of home: ☒ clean ☐ disarray
☒ No   ☐ unclean
☐ Children not present but evidence they reside   Estimated length of time manufacturing had been
or visit often   occurring: <u>1 day</u>
          Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: <u>Courtney Bowling</u>   Make: <u>JEEP</u>
VIN: <u>1J4GW58N7XC728282</u>   Model: <u>LARADO</u>
Year: <u>1999</u>   Color: <u>BLACK</u>

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: <u>Warsaw FD</u>   Fax: <u>(574) 267-6823</u>
Health Department County: <u>Kosciusko</u>   Fax: <u>(574) 269-2023</u>
Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: <u>Brandon McBrier</u>   Phone <u>574-546-4900</u>

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.